

California's Child and Family Services Review System Improvement Plan

County:	Colusa
Responsible County Child Welfare Agency:	Colusa County Department of Health and Human Services Child Protection Services
Period of Plan:	October 1, 2004-September 30, 2005
Period of Outcomes Data:	Quarter ending June 30, 2003
Date Submitted:	November 22, 2004
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SUMMARY ASSESSMENT

A. Discussion of System Strengths and Areas Needing Improvements

Colusa County is a small rural county that has specific demographic factors that impact abuse and neglect of its children that include: high unemployment rates, shortage of available, affordable housing, high rates of substance abusing families, and a lack of available, consistent service providers.

Colusa County CPS continues to look for new ways to offer services to families. This includes maintaining and improving existing relationships with other county agencies and service providers. However, other county agencies have experienced lay-offs and cut backs that directly affect their ability to serve the community.

The State and Federal governments have selected the following key outcomes of the CWS redesign:

1. Children are first and foremost, protected from abuse and neglect.

The current data only looks at recurrence of maltreatment; it does not address the issues of prevention or early intervention. Often CPS services address immediate life threatening issues and fail to uncover the underlying issues that created the situation.

Once families enter the system, services are available but when they leave, funding and services often end, making it hard for families to sustain the changes and growth they have achieved.

2. Children are maintained safely in their homes whenever possible and appropriate.

State and Federal measures look at families that have been referred to the CPS system and how their needs are met. The reoccurrence rate of abuse and neglect in homes where the children were not removed for Colusa County was not significantly different than that of the State's.

However, rates for timely response and timely social worker visits with the child for Colusa County were much lower than the State's in every area except for immediate response compliance. Several factors affect this outcome for Colusa County. Colusa County has had difficulty maintaining a fully staffed CPS unit, making it difficult to meet all the demands of the unit caseload. Additionally, if contact information is not entered correctly and timely in the CWS/CMS system, the data integrity is compromised.

3. Children have permanency and stability in their living situations without increasing reentry to foster care.

This is a very complex area as it looks at the provision of services to families with children out-of-home and time to reunification, the stability of the placement of the child while in care, recurrence of abuse or neglect and the time to permanence of adoption. Colusa County is doing better than the State when looking at the length of time to exit foster care to reunification. However several

barriers to decreasing reentry rates exist for Colusa County. These include but are not limited to the following:

- There has been an increase in more complex, serious cases involving significant parental impairment due to incarceration, hospitalization, substance abuse, and mental illness.
- Older youth with emotional and/or behavioral problems can make longer and higher level placements necessary to address their issues.
- CPS has limited resources to engage families, deliver services, and provide long-term, follow-up services needed to decrease the risk of reentry.

Placement stability rates for Colusa County was rather high. The federal measure showed that from October 1, 2002 to September 30, 2003, 90.9% of children in care had no more than two placements during the 12-month study period. Factors that affect placement stability include:

- Identification and approval of a relative placement following initial foster care placement
- Due to a shortage of foster homes, the initial placement of a child is decided on availability of a bed rather than the specific needs of the child
- Behavioral problems of older children in placement

4. The family relationships and connections of the children served by the CWS will be preserved, as appropriate.

This measure addresses sibling placement, placement in the least restrictive placement and ICWA compliance. Colusa County makes every effort to place all siblings together, however due to the lack of available foster homes this is not always possible. Due to the requirements of AB1695, immediate placement with a relative is not always an option. Colusa County follows ICWA requirements whenever a child has identified as a Native American.

5. Children receive services adequate to their physical, emotional, and mental health needs.

Whenever a child come under the jurisdiction of CPS and is placed in foster care, they receive physical and dental treatment within 30 days. Any current medical needs and medications are addressed immediately. Children are also referred to mental health for an intake assessment to determine if the minor would benefit from counseling services.

CPS also receives a number of referrals alleging medical/emotional neglect. The investigating social worker will refer the family to the necessary service provider and follow up to make sure the appointment was kept. However, if the case does not reach the level of involuntary services, once the referral is closed, the family may not continue services, especially mental health services.

Colusa County has a good working relationship with mental health and public health to deliver services to our community.

6. Children receive services appropriate to their educational needs.

Colusa County CPS works collaboratively with local education providers to ensure that the minor is placed in the appropriate educational placement and that the child is receiving services as outlined in their IEP. Colusa County social workers also work with schools when moves are necessary to facilitate getting school records and immunization records necessary to enroll the child.

7. Families have enhanced capacity to provide for their children's needs.

The services offered or provided as discussed above have helped families focus on issues and increase their capacity to care for themselves and their children. Colusa County CPS has been making an active effort to promote the idea that CPS does not have to be considered an adversary but a resource to help strengthen their family. Prevention and early intervention are areas that need attention as does developing community efforts toward sharing the responsibility of ending child abuse in our county.

8. Youth emancipating from foster care are prepared to transition to adulthood.

Colusa County provides ILP services to our youth and through a cooperative effort between CPS and WIA attempt to prepare youth for their future as independent adults.

Colusa County works with various transitional housing programs to help youth find, maintain and pay for appropriate and affordable housing. Given Colusa County's housing shortage, most of these placements are out of county. More work is needed to encourage youth to participate in this program.

B. Areas for further exploration through the PQCR

Colusa County is not opposed to peer quality case review. Review by other counties, with successful programs could provide new ideas and inspiration for change. Areas that may benefit from this approach include:

- Engaging families in case planning activities
- Increasing communication with local and federal ICWA organizations
- ICPC process
- Utilizing existing funding in new ways within legal constraints

Colusa County Child Welfare Services System Improvement Plan

October 1, 2004 – September 30, 2005

The Colusa County Department of Health and Human Services completed an in-depth Self-Assessment of current child welfare practices within the county as part of the requirements mandated by the passage of AB636. The main objective of this self-assessment was to assist in the development of the Colusa County System Improvement Plan that will lead to compliance with State and Federal goals for the safety, permanence, and well being of children and families in Colusa County. Staff from child welfare, public health, probation, substance abuse and mental health participated in this effort to assess how local resources and other systemic factors effect the measured outcomes.

For the self-assessment and system improvement plan process, Colusa County Health and Human Services staff consulted with public health, probation, substance abuse and mental health staff to identify issues surrounding the safety, permanency and well-being of our families and to lend direction for both documents. Child Welfare took the responsibility of analyzing the information received and completing the self-assessment document, which was submitted to the State. The self-assessment addresses the five elements of the self-assessment plan:

- 1) Demographic Profile and Outcomes Data
- 2) Public Agency Characteristics
- 3) Systemic Factors
- 4) County-wide Primary Prevention Strategies
- 5) Summary Assessment

From this self-assessment, needs and gaps were identified and prioritized to be addressed in the Colusa County System Improvement Plan. The areas identified as needing improvement in the Self-Assessment were:

- 1) Child Abuse/Neglect Referrals with a Timely Response (2B 10-day)
- 2) Rate of Recurrence of Maltreatment (1A and 1B)
- 3) Foster Care Placement in Least Restrictive Settings (4B)
- 4) Rate of Recurrence of Abuse/Neglect in Homes Where Children Were Not Removed

The Colusa County Department of Health and Human Services, Child Welfare Services received support from Colusa County Probation, Colusa County Behavioral Health, Public Health, and Colusa County Substance Abuse in completing the Colusa County Self-Assessment and the System Improvement Plan.

Self Assessment and System Improvement Plan Participants

Donna Dennis, Child Welfare Services
Peggi Cooney, Child Welfare Services
Loraine Smith, Child Welfare Services
Bonnie Wilson, Public Health
Tom Pinizzotto, Behavioral Health and Substance Abuse
Gerry Munoz, Probation
Helen Hendry, Parent

Discussions among the group included exploring current child welfare practices and the effectiveness of those practices. Major concerns identified were the lack of prevention services, the lack of long-term, follow-up services and staff shortages. Colusa County currently does not have as many services as we would like that are targeted to families with high risk factors for child abuse and maltreatment. Areas identified where enhancements could lead to improved safety and well being of children and families included but were not limited to:

- Engagement of families from a strengths based perspective
- Confidentiality barriers between service agencies
- Preventative services/intervention
- Flexible Funding
- Transportation issues
- Increase in youth oriented services in the community as a whole

Peer quality case review process and collaboration is welcome in Colusa County. Child Welfare feels this process could provide new ideas and inspiration for change. Counties with successful programs could help improve areas including but not limited to:

- Engaging families
- Increasing communication with local and federal ICWA organizations
- ICPC process
- Utilizing existing funding in new ways within legal constraints

Based on Colusa County's Self-Assessment the following areas were targeted for the first year of the System Improvement Plan.

- Decreasing the Recurrence of Maltreatment (1A and 1B) and decreasing the rate of recurrence of abuse and/or neglect in homes where children were not removed (2A)
- Decreasing the Rate of Foster Care Re-Entry (3F and 3G)
- Increasing the percentage of Child Abuse/Neglect Referrals with Timely 10-Day Response
- Foster Care Placement in Least Restrictive Setting (4B)

Outcome/Systemic Factor:**Recurrence of Maltreatment (1A and 1B)**

This measure reflects the percent of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods. It is both a state and federal outcome measure.

Rate of Recurrence of abuse and/or neglect in homes where children were not removed (2A). This measure reflects the occurrence of abuse and/or neglect of children who remain in their homes

County's Current Performance:

Factors that affect the recurrence of maltreatment rates in Colusa County include:

- 1.) Families have a lack of extended family support systems and/or what family is available are not easily engaged by CPS.
- 2.) Short term intervention lack follow up support systems necessary for long term success.
- 3.) Colusa County has limited substance abuse services and mental health services.
- 4.) Lifestyle issues that are difficult to change because of low income issues, drug usage, unaddressed mental health issues, etc.

Generally, subsequent reports received involve the same or similar issues as previously reported. The most frequent reports involve issues of general neglect, which includes inadequate food, shelter, and clothing. These needs are hard to meet given the economic problems most families in Colusa County face. CPS may eliminate the immediate threat to the family but old habits are difficult to break and the family falls back into old routines. Often, the neglect issues are compounded by parental alcohol and/or drug abuse. Most of these families are resistant to services and those who are not have difficulty following through with treatment goals. Additionally, data entry is not consistent among workers, which may account for inaccurate data thus higher percentages.

Federal: Of all children with a substantiated allegation within the first six months of the study period, what percent had another substantiated allegation within six months?

1A. Percent recurrence of maltreatment (Fed)	
12 month study period	
01/01/03 –12/31/03 (calendar year)	2.9%
10/01/02-09/30/03 (federal fiscal year)	3.7%
07/01/02-06/30/03 (state fiscal year)	13.0%

<u>State:</u> Of all children with a substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?		
1B. Percent recurrence of maltreatment within 12 months		
12 month study period		
01/01/02-12/31/02	(calendar year)	21.1%
10/01/01-09/30/02	(federal fiscal year)	17.2%
07/01/01-06/30/02	(state fiscal year)	17.2%

<u>State:</u> Of all children with a first substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?		
1B. Percent recurrence of maltreatment within 12 months after <i>first</i> substantiated allegation		
12-month study period		
01/01/02-12/31/02	(calendar year)	18.4%
10/01/01-09/30/02	(federal fiscal year)	17.8%
07/01/01-06/30/02	(state fiscal year)	17.4%

<u>State:</u> Of all the children with allegation (inconclusive or substantiated) during the 12-month study period who were not removed, what percent had a subsequent substantiated allegation within 12 months?		
2A. Percent rate of recurrence of abuse/neglect in homes where children were not removed		
12-month study period		
01/01/02-12/31/02	(calendar year)	11.0%
10/01/01-09/30/02	(federal fiscal year)	12.6%

07/01/01-06/30/02 (state fiscal year)	9.4%
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Improvement Goal 1.0 All referrals will be evaluated for potential referral to other agencies so that every family referred will have an opportunity to benefit from Colusa County services.					
Strategy 1.1 Provide new referral families with information regarding the resources available to them. These families would ordinarily be evaluated out with no service provided.			Strategy rationale Early referral for intervention services will reduce the number of future referrals as problems will be addressed preventatively rather than on a crisis basis.		
Milestone	1.1.1 Determine protocol to refer families to other agencies for referrals that would otherwise be evaluated out.	Timeframe	3-6 months (1/1/2005-3/31/2005)	Assigned to	CWS Program Manager CWS Social Worker Supervisor
	1.1.2 Improve data entry and consistency.		10/01/2004 and ongoing		CWS Social Worker Supervisor CWS Social Workers

Improvement Goal 2.0 Reduce the recurrence of abuse/neglect as measured by the number of subsequent substantiated/inconclusive re-referrals occurring within 12 months.					
Strategy 2.1 All CWS Staff have a clear understanding of uniform definition and proper interpretation of abuse allegation and abuse conclusions resulting in correct data input.			Strategy Rationale By utilizing uniform definitions and a systematic method of interpretation, input into the CWS/CMS system will be more consistent, which will produce more accurate data.		

Milestone	2.1.1 All CWS staff trained on guidelines and standard CWS expectations with regards to abuse allegation and abuse conclusions.	Timeframe	12/31/2004	Assigned to	CWS Social Worker Supervisor CWS Social Workers
	2.1.2 Existing mechanisms for communicating with identified families researched and studied.		6 months (3/31/05)		CWS Supervisor

Strategy 2. 2		Strategy Rationale			
Families requesting services will be assessed and referred to relevant community partners for resources and services.		Assessment will insure more appropriate referrals for families where the children remain in their homes. Services will be more easily available to these families with direct assistance from community partners working to keep the family together.			
Milestone	2.2.1 Child Welfare Services to provide assessment. Services are identified, coordinated and evaluated to community partners.	Timeframe	3 months (12/31/04)	Assigned to	CWS Social Worker Supervisor CWS Social Workers

Discuss changes in identified systemic factors needed to further support the improvement goals.

Continue to work with other county agencies to provide preventative and long term, follow-up services that can be easily accessed by the community. Work on continuing to provide seamless information exchange between agencies while respecting confidentiality.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Ongoing CWS/CMS training for staff to ensure accuracy and consistency of data entry. Training regarding collaborating with community partners. Training for staff on engaging families in case planning.

Identify roles of the other partners in achieving the improvement goals.

Community partners will share the responsibility for follow-up and provision of services for families that would otherwise be screened out as not meeting the legal requirements for an investigation and/or services as a result of abuse and neglect. Expanded community responsibility and collaboration in the increased delivery of intervention and prevention services will allow for CWS to concentrate more efficiently on tracks that require CWS involvement.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Enhanced and flexible funding to support the early intervention activities to be referred.

Outcome/Systemic Factor:

Rate of Foster Care Re-Entry (3F and 3G)

County's Current Performance:

In cases where dependency has been terminated and CPS is no longer monitoring the family, some families lose their motivation to continue with needed services and therefore leave treatment or supports too early. Parental relapse due to methamphetamine use and chronic neglectful lifestyles are prime reasons for re-entry. Additional factors contributing to re-entry include high unemployment rates, lack of appropriate housing, and domestic violence.

Federal: For all children who entered child welfare supervised foster care during the 12-month study period, what percent were subsequent entries within 12 months of a prior exit?

3F. Percent of admissions who are re-entries (Fed)12-month study period

01/01/03-12/31/03 15.8%

7/01/02-06/30/03 29.7%

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12 month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?

3G. Percent who re-entered within 12 months of reunification (entry cohort reunified within 12 months)12-month study period

01/01/01-12/31/01 11.8%

10/01/00-09/30/01 16.7%

07/01/00-06/30/01 18.8%

Improvement Goal 1.0 Increase family and community involvement with families involved with child welfare and probation departments by increasing the amount and type of services available to our community.

Strategy 1. 1 Develop a policy regarding family involvement in the case planning process and the use of strength-based Family/Team meetings to increase parent/youth participation in case planning.

Strategy Rationale: Family/Team meetings lead to more involvement of “family” members, community and personal support people, and services that can help the family change so that further incidents of abuse/neglect are minimized.

Milestone	1.1.1 Attend training provided by UC Davis regarding strength based training and case planning.	Timeframe	10/01/2004 and ongoing as university schedule allows	Assigned to	CWS Supervisor CWS Social Workers Community Partners
	1.1.2 Recruit non-related extended family members for possible placement of child so that he/she can remain in the community.		10/01/2004 and ongoing		CWS Supervisor CWS Social Workers

Strategy 1.2 Participate in the collaboration with other county agencies to develop and/or supplement services offered to the community regarding long-term, follow-up care.		Strategy Rationale Increased availability of long-term follow-up services regarding mental health and substance abuse will help provide families with the opportunity to maintain their sobriety and/or mental health which will reduce the likelihood of reoccurrence of abuse.			
Milestone	1.2.1 Continued participation in the SARB Meetings, Learning Circle Collaborative Meetings, CAPC Meetings, and Child Protection Services Multidisciplinary Team Meetings.	Timeframe	On-going process with meetings held on a regular basis	Assigned to	Program Manager CWS Social Worker Supervisor CWS Social Workers Behavioral Health Workers Substance Abuse Counselors County Office of Education Probation

<p>Discuss changes in identified systemic factors needed to further support the improvement goals.</p> <p>We need more funding for community partners to offer more individualized services. More funding is also necessary to provide for a sufficient number of social workers to provide more intensive case management for our families.</p>
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <p>Ongoing training is needed for social workers to input data in the CWS/CMS system to assure accurate and consistent data. Training for social workers, other county agencies, and community partners on strength based services and case planning is needed.</p>

Identify roles of the other partners in achieving the improvement goals.

Community partners, other county agencies and Child Welfare Services must be willing to work together and share the responsibility for the safety and well being of Colusa County families.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Flexible funding will be necessary to assist community partners in their role as response partners to child abuse and maltreatment. Funding for additional Social Workers and support staff will be needed.

Outcome/Systemic Factor: Child Abuse/Neglect Referrals with a Timely 10-Day Response (2B) and Timely Social Worker Visits With Child (2C)

County's Current Performance:

Staffing size has a direct affect on these two measures. We currently have three full time social workers and one supervisor. Colusa County CPS has experienced a great deal of turnover and has been without a program manager for a year and a half. There has also been a vacant social worker position for almost a year. Due to the staffing problems immediate response becomes the priority and 10 day is done as soon as possible, which often is not within the 10-day requirement.

Visits between social worker and child may also lose priority in times of staff shortages. Additionally, visitation contact information is not put into the CWS/CMS system timely or accurately. Contact exemptions are often not listed properly in the CWS/CMS system either, so it gives the appearance of a missed visit and the percentage is therefore higher than it should be.

2B. Percent of child abuse/neglect referrals with a timely response

10-Day Response Compliance

Q4 2003	47.1%
Q3 2003	61.8%
Q2 2003	51.6%

2C. Timely Social Worker Visits With Child

Q1 2004	Jan 2004 63.2%	Feb 2004 66.7%	Mar 2004 67.3%
Q4 2003	Oct 2003 73.0%	Nov 2003 76.7%	Dec 2003 80.0%
Q3 2003	Jul 2003 56.3%	Aug 2003 65.9%	Sep 2003 64.6%

Q2 2003	Apr 2003 60.7%	May 2003 66.7%	Jun 2003 71.1%
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Improvement Goal 1.0: Increase timely 10-day referral response in Colusa County to 95% and social worker contact with child to 95%.					
Strategy 1.1 Improve recruitment and retention of staff to maintain a level that will allow for timely response and social worker contact with child.			Strategy Rationale: Full and stable staffing levels will allow for more than just emergency services and provide social workers with more time to fulfill case management requirements.		
	1.1.1 Work with Merit Systems to improve recruitment efforts and make successful hires.		10/01/2004 and ongoing until vacancies successfully filled.		Program Manager CWS Social Worker Supervisor Merit Systems
Milestone	1.1.2 Collaborate with County Personnel Department regarding salary and staffing levels to retain current employees.	Timeframe	10/01/2004 and ongoing	Assigned to	Director, DHHS Program Manager CWS Social Worker Supervisor
Strategy 1.2 Develop agency guidelines and expectations for the practice of making timely contacts in 10 day referrals and documenting contact information into CWS/CMS.			Strategy Rationale: Consistency in expectations for making timely contacts in 10 day referrals and monthly social worker visits combined with consistent, accurate documentation in CWS/CMS will ensure that Colusa County meets all state requirements.		
Milestone	1.2.1 Develop agency guidelines and expectations for making <i>timely</i> 10-Day referrals and required documentation.	Timeframe	12/31/2004	Assigned to	Program Manager CWS Social Worker Supervisor CWS Social Workers
	1.2.2 Ongoing CWS/CMS training for accurate and consistent data entry.		10/01/2004 and ongoing		CWS Social Worker Supervisor CWS Social Workers

	1.2.3 Perform monthly quality control assessment to ensure compliance.		01/31/2005– 5/25/2005		Program Manager CWS Supervisor
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Discuss changes in identified systemic factors needed to further support the improvement goals.

Staff recruitment and retention is vital, as this is a direct impact on Colusa County's ability to meet the state requirements for 10-day response and social worker contact with child.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Ongoing CWS/CMS training to ensure consistent, accurate documentation.

Identify roles of the other partners in achieving the improvement goals.

Expanded community responsibility and collaboration in the increased delivery of intervention and prevention services will allow for Child Welfare Services to concentrate more efficiently on tracks that require CWS involvement.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Increased pay and staffing levels for child welfare services to facilitate more intensive case management services.

Outcome/Systemic Factor: Foster Care Placement in Least Restrictive Settings (4B)

COUNTY'S CURRENT PERFORMANCE:

	Initial Placement 10/1/02-9/30/03	Primary Placement 10/1/02-9/30/03	Point in Time Placement 10/1/03
4B. Relative	0.0%	17.9%	28.6%
4B. Foster Home	3.6%	0.0%	0.0%
4B. FFA	92.9%	78.6%	60.73%
4B. Group/Shelter	0.0%	3.6%	0.0%
4B. Other/Non-Relative Extended Family Placement	3.6%	0.0%	10.7%

	Initial Placement 7/1/02-6/30/03	Primary Placement 7/1/02-6/30/03	Point in Time Placement 7/1/03
4B. Relative	0.0%	12.5%	29.6%
4B Foster Home	4.5%	0.0%	0.0%
4B. FFA	91.7%	83.3%	66.7%
4B. Group/Shelter	0.0%	4.2%	0.0%
4B. Other	4.2%	0.0%	3.7%

Improvement Goal 1.0: Increase the percentage of relative and non-related extended family (NREFM) placements in the child's home community for children in out-of-home placements. Decrease the use of Foster Homes and Foster Family Agencies as placement homes for children.					
Strategy 1.0 Evaluate current procedures to determine how to place children in relative or non-related extended family homes at the time of detention and adhere to AB1695 regulations.			Strategy Rationale Placement of children with relative or non-related extended family homes is preferred to foster home placement as the child is able to stay with known persons and remain in their community.		
Milestone	1.1.1 Review AB1695 to assure that emergency placements can be made and if the requirements can be met on an immediate basis.	Timeframe	01/31/2004	Assigned to	Program Manager CWS Social Worker Supervisor CWS Social Workers
	1.1.2 Assure proper documentation of placement type in the CWS/CMS system.		10/01/2004 and ongoing		CWS Social Worker Supervisor CWS Social Workers

Strategy 2.0 Improve process to obtain a list of appropriate relative and non-related extended family members for children listed in the referral at initial investigation.			Strategy Rationale Emergency response workers will have access to potential placements prior to detention of the minor and aid in the immediate placement of the minor with relatives or non-related extended family members.		
Milestone	1.2.1 Investigating Social Worker will ask family to identify possible placement resources within their family at initial face to face contact.	Timeframe	12/01/2004	Assigned to	CWS Social Worker Supervisor CWS Social Workers
	1.2.2 Enter relative or NREFM under collateral contacts in the referral for reference should the minor be detained.		12/01/2004		CWS Social Worker Supervisor CWS Social Workers

<p>Discuss changes in identified systemic factors needed to further support the improvement goals.</p> <p>An improved, proactive effort will be made to facilitate quicker placement in relative or non-related extended family member homes. CWS social workers will request this information prior to any detention of the child.</p>
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <p>Technical assistance may be required to train staff/placement workers in regard to engaging families in providing this type of information.</p>
<p>Identify roles of the other partners in achieving the improvement goals.</p> <p>Colusa County Sheriff's office will be vital in providing CLETS information on an emergency basis.</p>
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <p>The AFDC-FC rate structure needs to be reviewed and modifications made to better meet the needs of the population of children represented in foster care. The quality of care and level of service is often inferior to the care provided in county licensed homes and FFA homes.</p>

APPENDIX 1 - Glossary

Annual update	A Board of Supervisors-approved update of the SIP is due to CDSS by the anniversary of the acceptance of the original SIP by CDSS.
California Child and Family Services Review (C-CFSR)	California's version of the federal Child and Family Services Review that is used to assess county performance on child welfare outcome indicators. See AB 636.
Improvement goal	A program/process improvement that is linked to positive change in an outcome indicator or systemic factor OR a proposed numeric change (+/-) in an outcome indicator.
Local planning body	Local planning bodies are usually composed of local stakeholders and agencies that serve the families and children who are in the CWS system or who are at risk of entry to the system, along with consumers of CWS services and advocates. The SIP Team is an example of a local planning body. A local planning body is referenced in the SIP document is the same as the SIP Team.
Milestone	A measurable progress to achieving a goal. Milestones can be viewed as analogous to "activities" in a case-planning process but they should be stated in an action-completed manner ("Training for all staff completed." versus "All staff will be trained.")
Partners	Stakeholders in the child welfare system who work together to share responsibility and accountability for the safety and well being of children and families within the community. Partners include faith-based organizations, county and community human services agencies, parents, youth, foster parents, the business and education communities, law enforcement and probation.
Peer Quality Case Reviews	A key component of the C-CFSR designed to enrich and deepen understanding of a county's actual practices in the field by bringing experienced peers from neighboring counties to assess and help shed light on the subject county's strengths and areas in need of improvement within the child welfare services delivery system and social work practice.
Performance Indicators	Specific, measurable data points used in combination to gauge progress in relation to established outcomes.
Probation involvement	Probation is a mandated member of the SIP Team as Title IV-E funds are used for probation-involved children and youth in placement. Some children are also dual jurisdiction (both W&I Code, Sections 300 and 602 dependents). Improvement goals, strategies and milestones that are targeted towards these populations should be identified as probation-related.
Regulatory or statutory changes	The SIP Template asks counties for regulatory or statutory changes needed to meet improvement goals. Examples may include changes in statute regarding family maintenance, changes in the definition of "family" or "relative", flexibility to expend certain funds, etc.
(Statewide) standards	Minimally acceptable performance on child welfare outcome indicators. At this time, only the federal government has established such benchmarks for the federal outcome indicators only.
SIP (System Improvement Plan)	A performance-based action plan created by a county child welfare agency in collaboration with its partners to drive positive change within the local county child welfare system resulting in outcome improvements for children and families.

	<p>A group of child welfare agency staff and partners who are involved in the creation and approval of the System Improvement Plan. Mandated members include:</p> <ul style="list-style-type: none"> • CWS Administrators, Managers, and Social Workers • Probation Administrators, Supervisors, and Officers • California Youth Connection, if available • Foster Parents • CDSS Adoptions District Office or the Licensed County Adoption Agency providing adoption services to the County when the County does not provide adoption services.
Strategy	The plan(s) or technique(s) the CW agency will take to reach the identified improvement goal.
Strategy rationale	A brief explanation and justification of the selected strategy discussing how the strategy will build on progress and lead to improvements in the identified outcome indicator or systemic factor.
Systemic changes	These references those systemic factors that were revealed and explored in the analysis of the outcome indicators conducted during the Self-Assessment.
Systemic factor	<p>In addition to outcome indicators needing improvement, a SIP template can also be developed to address a particularly problematic systemic factor. Seven systemic factors are identified in the Self-Assessment (management information system; case review (includes relationship to the court and family participation in case planning); recruitment, licensing and retention of foster and adoptive parents; training of staff and partners; quality assurance system; and agency collaboration).</p> <p>Any systemic factor that is repeatedly identified in conjunction with multiple outcome indicators likely deserves individual treatment in the SIP.</p>
Technical assistance and training	A limited amount of training and technical assistance will be offered to counties by CDSS and the Regional Training Academies in support of SIP-related activities. Requests for training and technical assistance should go to CDSS through your county's analyst.
Threshold	See statewide standards. In AB 636, CDSS is instructed to establish "compliance thresholds" for the outcome indicators. This will be done within the next few years.
Timeframe	The period of time by which a milestone will be accomplished. As the SIP is a 3-year plan that is updated annually, most timeframes will occur within 1 year. One month, 3, 6, 9 and 12-month timeframes are most practical.